

HAZARD CONTROL PLAN AND WORK AUTHORIZATION Page 1 of ____

This form is from ESH-17-035

1. Describe the work to be performed (use continuation page if needed) or give procedure number, revision number, and title.

HCP-ESH-17-Office Work, R2

Title: Working in an office environment.

2. Describe potential hazards associated with the work (use continuation page if needed).

Slips, trips, falls.

Electrical shock and fires from any electrical equipment.

Falling filing cabinets.

Hot beverage burns (coffee maker, food from microwave).

Lifting injuries (water bottles, copier paper boxes, computer terminals, etc.).

Paper cutter, copier, and paper shredder injuries: cuts, burns, paper dust from shredder.

Ergonomic injuries.

Collisions.

-- see continuation page --

3. For each hazard, list the likelihood and severity, and the resulting initial risk level (before any work controls are applied, as determined according to LIR300-00-01.0, section 7.2)

Slips, trips, falls: occasional / moderate = low

Electrical shock and fires: improbable / critical = low

Falling filing cabinets: improbable / moderate = minimal

Hot beverage burns: occasional / moderate = low

Lifting injuries: occasional / moderate = low

Paper cutter injuries: improbable / moderate = minimal

Copier and paper shredder injuries: occasional / moderate = low

Ergonomic injuries: occasional / moderate = low

Collisions: occasional / moderate = low

-- see continuation page --

Overall *initial* risk: ☐ Minimal ☒ Low ☐ Medium ☐ High

4. Applicable Laboratory, facility, or activity operational requirements directly related to the work:

☒ None☐ List:Work Permits required? ☒ No ☐ List:

5. Describe how the hazards listed above will be mitigated (e.g., safety equipment, administrative controls, etc.):

Slips, trips, falls: Practice good general housekeeping, mats by sink and microwaves, ask people to immediately wipe up spills.

Electrical shock and fires: regularly-scheduled electrical inspections of cords and electrical usage; all electrical outlets and switches are labeled to indicate which panel supplies them.

Falling filing cabinets: Most cabinets have single-drawer interlocks, post other cabinets with warning labels.

Hot beverage burns: employee awareness.

Lifting injuries: employee awareness of correct lifting techniques; recommend Lab video on correct lifting.

-- see continuation page --

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6. Knowledge, skills, abilities, and training necessary to safely perform this work (check one or both):

☐

Group-level orientation (per ESH-17-032) and training to applicable procedure.

☒

Other → Describe:

As required by procedure ESH-17-032, all employees must read the document "Safety Information for All Employees" and any other info in the Employee Notebook which summarizes these hazards and their mitigation.

7. Any wastes and/or residual materials? (check one) ☒ None ☐ List:8. Considering the administrative and engineering controls to be used, the *residual* risk level (as determined according to LIR300-00-01.0, section 7.3.3) is (check one):☒

Minimal

☐

Low

☐

Medium (requires approval by Division Director)

9. Emergency actions to take in event of control failures or abnormal operation (check one):

☒

None

☐

List:

After this form is approved, perform the work safely. Identify opportunities for improvements in safety and report these to the safety officer or group leader.

Preparer(s) signature(s)

Name(s) (print)

/Position

Date

[NOTE: Training to a procedure constitutes authorization.] **If this work is NOT described by a procedure:** I have reviewed the safety of this proposed work with the group safety officer and I commit to follow safe practices when performing this work.

Employee signature

Name (print)

Date

Additional employee signature (optional)

Name (print)

Date

Additional employee signature (optional)

Name (print)

Date

Group leader or safety officer review.

I have reviewed the proposed work with 1) the preparer(s) and 2) employees who will perform the work (if not described in a procedure) and I believe the hazards and safety concerns have been adequately addressed. The work as described above is hereby authorized. This authorization expires one year after the date below.

Group leader or safety officer signature

Name (print)

Date

This plan will be revised according to ESH-17-035. Group leader or safety officer: After completion, submit to ESH-17 Records Coord.

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Hazard Control Plan continuation page. Give item number being continued.

2. (continued)

Falling objects.

Space heaters: fire hazard from contact.

Microwave oven: radiation leakage.

3. (continued)

Falling objects: improbable / moderate = minimal

Space heaters: improbable / critical = low

Microwave oven: remote / negligible = minimal

5. (continued)

Paper cutter: employee awareness.

Copier and paper shredder injuries: employee awareness, recommend breakaway badge holders.

Ergonomic injuries: regularly-scheduled ergonomic evals by professional ergonomicist.

Collisions: employee awareness.

Falling objects: remove objects stored on top of cabinets and partitions.

Space heaters: employee awareness of fire hazard when combustible materials get close.

Microwave oven: ovens used to be periodically inspected and tested by ESH-5, but they no longer perform this service on ovens made after about 1980 because they are generally found to be OK and the regular inspections are not considered necessary.